

PART B - FEE(S) TRANSMITTAL

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27310 7590 03/29/2004

PIONEER HI-BRED INTERNATIONAL INC.
 7100 N.W. 62ND AVENUE
 P.O. BOX 1000
 JOHNSTON, IA 50131

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Claire L. Moxon	(Depositor's name)
<i>Claire L. Moxon</i>	(Signature)
May 12, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/945,376	08/31/2001	Pedro A. Navarro Acevedo	35718/237948(5718-140)	2174

TITLE OF INVENTION: THE PROMOTER OF A MAIZE MAJOR LATEX PROTBIN GENE AND METHODS OF USING IT TO EXPRESS HETEROLOGOUS NUCLEIC ACIDS IN TRANSFORMED PLANTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	06/29/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
KUBELIK, ANN R	1638	800-298000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Pioneer Hi-Bred International, Inc.
 1 _____
 2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Pioneer Hi-Bred International, Inc.

Des Moines, Iowa

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

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4b. Payment of Fee(s):

- Issue Fee
 Publication Fee
 Advance Order - # of Copies 6

 A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 16-1852 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) <i>Claire L. Moxon</i>	(Date) <i>May 12, 2004</i>						
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<p>TRANSMIT THIS FORM WITH FEE(S)</p> <p>05/12/2004 BSAYAS12 00000176 161852 09945376</p> <table> <tr> <td>01 FC:1501</td> <td>1330.00 DA</td> </tr> <tr> <td>02 FC:1504</td> <td>300.00 DA</td> </tr> <tr> <td>03 FC:8001</td> <td>18.00 DA</td> </tr> </table>		01 FC:1501	1330.00 DA	02 FC:1504	300.00 DA	03 FC:8001	18.00 DA
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**PIONEER HI-BRED INTERNATIONAL, INC.
CORPORATE INTELLECTUAL PROPERTY DEPARTMENT**

FAX TRANSMISSION

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Johnston, Iowa 50131-1000

Phone: (515) 253-2162
Fax: (515) 334-6883

TO: Commissioner for Patents – Mail Stop ISSUE FEE
FROM: Claire Moxon
RE: Our Docket No. 1270 – Serial No. 09/945,376
DATE: 5-12-04 FAX NUMBER: 703-746-4000

NUMBER OF PAGE(S) FOLLOWING THIS SHEET: 1

COMMENTS:

Attached please find Part B- Fee(s) Transmittal in regard to the above application.

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